

APPLICATION FOR EMPLOYMENT

CITY OF ARCOLA

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

Position(s) Applied For	Date of Application
How did You Learn About Us?	

Last Name	First Name	Middle Name
Address Number	Street	City
		State
		Zip Code
Telephone Number(s)		
Drivers License Number		Social Security Number (voluntary)

Best time to contact you at home is: _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends, relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location:

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____

Availability: Full Time Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate Starting ___/Final ___	
Starting/Present Job Title	/	
Reason for Leaving		May we Contact ___ Yes ___ No
Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate Starting ___/Final ___	
Starting/Present Job Title	/	
Reason for Leaving		May we Contact ___ Yes ___ No
Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate Starting ___/Final ___	
Starting/Present Job Title	/	
Reason for Leaving		May we Contact ___ Yes ___ No
Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate Starting ___/Final ___	
Starting/Present Job Title	/	
Reason for Leaving		May we Contact ___ Yes ___ No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra- curricular activities.

Describe any training received in the United States Military.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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Additional Information

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Skills/Equipment Operated)

<input type="checkbox"/> Terminal <input type="checkbox"/> PC/MAC <input type="checkbox"/> Typewriter WPM <input type="text"/>	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand WPM <input type="text"/>	Production/Mobile Machinery (list) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

Personal/Professional References	Name	Phone Number	Best Time to Call	Occupations
	1.			
	2.			
	3.			

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge Employees at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of unemployment, I understand that dales or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: _____

Affirmative Action Data Record

Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number		

Referral Source

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Private Emp. Agency
<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Gov. Emp. Agency	<input type="checkbox"/> Other

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

<input type="checkbox"/>	Current Job
<input type="checkbox"/>	Birth Date
<input type="checkbox"/>	Gender:
<input type="checkbox"/>	Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other _____ <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/>	Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual

--Office Use Only--

Position(s) Applied For is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Position(s) Considered For: _____		
HIRED – Position _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: _____

CITY OF ARCOLA

Arcola Police Department

114 N. Locust

Arcola, IL 61910

**Authorization for Release of Personal Information,
Waiver of Right to Inspect
And
Waiver and Release of All Claims**

I, (Print Name Legibly) _____, am applying for a position with the City of Arcola, Illinois. I understand that in order to gauge my fitness for the position, the City of Arcola, Illinois, must conduct a thorough and complete background investigation. I understand that in order to facilitate a thorough and complete background investigation and to ensure complete candor on the part of those providing the necessary information, I must:

1. Consent to an investigation by the City of Arcola, Illinois, concerning my background;
2. Waive any and all claims I might otherwise have against those individuals who conduct the investigation, or those who cooperate and provide information to the City of Arcola; and
3. Waive my right to review the completed background investigation.

Position Applied For

In an effort to assist the City of Arcola in conducting the background investigation, I am requesting full and complete disclosure of any information, which could be deemed relevant to job performance, including character information. I further request that this release take precedence over any previously agreed upon disclosure agreements that I may have entered into.

I understand that any of the information obtained by a personal background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the City of Arcola, Illinois.

Initials

Information Requested Through this Release

I, (Print Name Legibly) _____, do hereby authorize a review of and full disclosure of all records and recollections concerning myself to any duly authorized agent of the City of Arcola, Illinois, whether the said records and recollections are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records or recollections of:

- Educational Institutions;
- Landlords;
- Financial or Credit Institutions (includes records of loans, records of commercial or retail credit agencies and other financial statements and records wherever filed);
- Employment and Pre-employment records (includes applications, background reports, efficiency ratings, recollections of employer and co-employees, complaints or grievances filed by or against applicant and records of discipline);
- Attorneys at Law or other Counsel (includes attorneys or counsel, whether representing applicant or another person in any case, either criminal or civil, in which applicant presently has or previously had an interest);
- Police Department or other Law Enforcement Agency.

I hereby do release any person(s) who may furnish information from any and all liability, which may be incurred as a result of furnishing such information. I further release the City of Arcola, Illinois, from any and all liability, which may be incurred as a result of collection such information.

This Release specifically includes, but is not limited to, claims in tort under Illinois common law, state or federal civil rights violation or any other claims under state or federal constitution, city ordinance, statutes, rules or regulations. I hereby covenant and agree never to institute directly, or in any other manner, or participate as a party in any action or proceeding (whether judicial, administrative, or otherwise) of any kind whatsoever against any of the parties identified above relating to release or disclosure of information.

I understand that information obtained during this investigation may be provided to others providing that the City of Arcola is furnished a release signed by me authorizing the disclosure of such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this two page document entitled **Authorization for Release of Personal Information, Waiver of Right to Inspect and Waiver, and Release of All Claims.**

(Applicant Signature, include maiden name if applicable)

(Date)

(Social Security Number)

(Date of Birth)

(Drivers License # and State)

(Witness)

(Date)